


FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91803 037 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P95000046737 <b>1. Entity Name</b> Raspberry Lane, Inc.	
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11042064

<b>2. Principal Place of Business</b> 1301 6th Ave. W. Suite, Apt. #, etc. Suite 401 City & State Bradenton, FL Zip 34205 Country USA		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State City Zip Country		<b>4. FEI Number</b> 65-0586167 <b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name David W. Wilcox	
Street Address (P.O. Box Number is Not Acceptable) 1301 6th Ave. W.	
Suite 401	
City Bradenton	FL Zip Code 34205

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D David W. Wilcox 1301 6th Ave. W. Ste 401 Bradenton, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)